

Front Cover Sheet

Business (DBA): Superior CDD
Contact First Name: Sherril Moody
Contact Last Name: Moody
Business Address: 5305 Subelle Ln.
City: Haltom City State: TX Zip: 76117
Business Phone #: 817-907-0090
Rep Number: _____

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

- Complete Company Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - o If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - o Exception – Furniture companies must provide 2 years 3rd Party prepared Financial Statements.
- Complete Company Application Sales Worksheet (1 page)
- Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents	Alternate Acceptable Documents
<ul style="list-style-type: none">• "Certified" Articles of Incorporation;• Signed Operating Agreement;• Government Issued Business License;• Signed Partnership Agreement;• Signed Limited Partnership Agreement;• Signed Limited Liability Company Agreement;• Signed Articles of Organization;	<ul style="list-style-type: none">• Evidence of the public listing or annual report of the entity - For a publicly traded company• Signed Trust Instrument;• Signed Letter of Testamentary;• Signed Letter of Executorship;• Signed Articles of Association; or• Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies

- o 3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies

- o Same Additional Requirements as Card Not Present company
- o Internet Requirements
 - o Company's name must be displayed on the website
 - o Clear posting of the company's Customer Service Telephone Number / email address
 - o Refund/Return policy
 - o Delivery methods and timing
 - o Privacy policy
 - o Products/Service prices listed
 - o Secure Checkout page
 - o Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company

- o Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW COMPANY APPLICATION

1 COMPANY INFORMATION			
◆ DBA NAME: Superior CTD LLC Sherr Moody Superior CTD LLC			
CONTACT NAME: Sherri Moody			
◆ DBA ADDRESS TYPE: ◆ DBA ADDRESS1 (NO PO BOX): 5305 Subelle Ln.			
DBA ADDRESS 2:			
◆ CITY: Haltom City		◆ STATE: TX	◆ ZIP CODE: 76117
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: U.S.			
◆ BUSINESS COUNTRY OF FORMATION: U.S.		◆ DBA PHONE #: 817-907-0090	
◆ EMAIL ADDRESS: Sherri760@yahoo.com		DBA FAX #:	
YEAR ESTABLISHED: 2018		MOBILE PHONE #:	
◆ LENGTH OF CURRENT OWNERSHIP: YEARS, 2 MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION:			

2 OTHER ADDRESS (IF DIFFERENT THAN ABOVE)			
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME:		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

STATEMENTS/ RETRIEVALS /CHARGEBACKS			
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY - MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
CHARGEBACKS: MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING AND FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	

3 PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)			
◆ <input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %		<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR	
◆ ADDITIONAL BENEFICIAL OWNERS?	<input type="checkbox"/> RESPONSIBLE PARTY	TITLE:	IF OTHER:
◆ FIRST NAME: Sherri Moody	◆ MIDDLE NAME:	◆ LAST NAME: Moody	
◆ ADDRESS TYPE: ◆ ADDRESS (NO PO BOX): 5305 Subelle Ln.			
◆ CITY: Haltom City	◆ STATE/PROVINCE: TX	◆ ZIP/POSTAL CODE: 76117	◆ COUNTRY: U.S.
◆ DOB: 7/24/60	◆ US PERSON:	◆ PHONE #: 817-907-0090	
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
◆ HOME ADDRESS:	◆ CITY:	◆ STATE:	◆ ZIP CODE:
◆ ID TYPE: SSN 455317123	◆ ID # EIN 83-3070991	◆ IF OTHER - ID TYPE:	
◆ IF OTHER ID #:	◆ IF OTHER ID - COUNTRY OF ISSUANCE:	◆ IF OTHER GOVERNMENT ISSUED - ID NAME:	
◆ IDENTIFICATION DOCUMENT: Drivers license	◆ ISSUING COUNTRY (IF APPLICABLE):	◆ ISSUING STATE (IF APPLICABLE): TX	
◆ DOCUMENT #: 04490898	◆ ISSUE DATE:	◆ EXPIRY DATE:	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. <input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH			

OTHER COMPANY INFORMATION			
◆ AVERAGE SALE AMOUNT: \$ 50	<input checked="" type="checkbox"/> CARD PRESENT 100%	OMNI COMMERCE (MUST TOTAL 100%)	
◆ HIGH SALE AMOUNT: \$ 500	<input type="checkbox"/> CARD NOT PRESENT 100%*	CARD PRESENT	90 %
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:	<input type="checkbox"/> INTERNET 100%*	CARD NOT PRESENT*	10 %
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 25,000	<input checked="" type="checkbox"/> OMNI COMMERCE	INTERNET*	___ %
◆ ANNUAL REVENUE: \$	◆ INTERNET : PRODUCT WEBSITE:		
◆ INDUSTRY TYPE: BCD oil	◆ INTERNET: "CONTACT US" EMAIL:		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED:	◆ CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
SPECIAL PROGRAM MCC ONLY:	◆ CUSTOMER SERVICE PHONE #:		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)	◆ PREVIOUS PROCESSOR:		
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)			
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER
		<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER

SM Initials

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)		
DEPOSIT BANK NAME: <u>Chase</u>	ABA/ROUTING #: <u>111000614</u>	DDA ACCOUNT #: <u>259886183</u>
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT)	ABA/ROUTING #	DDA ACCOUNT #
TAPE ID (OPT)	<input checked="" type="checkbox"/> FAST TRACK FUNDING	

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)	PRICING CATEGORY
<input checked="" type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*	<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> MOTO/INTERNET
<input type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX	<input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU
	<input type="checkbox"/> LODGING <input type="checkbox"/> OMNI COMMERCE
	<input type="checkbox"/> SUPERMARKET (TERED & EICP Only)

PRICING INFORMATION						FEES	
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.						APPLICATION FEE	\$ 95
	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	INSTALLATION/TRAINING	\$ -
<input type="checkbox"/> TIERED OR <input type="checkbox"/> ENHANCED IC PLUS	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RETURN ITEM FEE/NSF (PER OCCUR)	\$ 25
QUALIFIED	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	ACCOUNT MAINTENANCE	\$ 10
MID QUALIFIED	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	CHARGEBACK (PER OCCUR)	\$ 15
NON QUALIFIED	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	ANNUAL FEE START DATE	\$ -
OTHER TIER	<input type="checkbox"/> CHECK CARD (T-opt/EIC-req)	<input type="checkbox"/> SPRMKT (T-opt/EIC-NA)	<input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)			MONTHLY MINIMUM	\$ 25
REWARDS TIER (T-opt/EIC-req)	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	MONTHLY SERVICE FEE	\$ -
COMMERCIAL CARD TIER (T-opt/EIC-req)	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	OTHER: <u>Wireless Fee</u>	\$ 15
PASS THRU: <input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF MARKUP	VISA 40% + \$ 10	MASTERCARD 40% + \$ 10	DISCOVER* 40% + \$ 10	UNIONPAY ___% + \$ ___	AMERICAN EXPRESS 70% + \$ 10	OTHER	\$
<input type="checkbox"/> DIFFERENTIAL	VISA ___% + \$ ___	MASTERCARD ___% + \$ ___	DISCOVER* ___% + \$ ___	UNIONPAY ___% + \$ ___	AMERICAN EXPRESS ___% + \$ ___	OTHER	\$
QUALIFIED	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	OTHER	\$
NON QUALIFIED	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	___% + \$ ___	STATEMENT <input type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER	

AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE	
VISA	\$ 25	UNIONPAY	\$	VOICE AUTH TOUCH TONE	\$	<input type="checkbox"/> ASSOC COMPLIANCE	
MASTERCARD	\$ 25	WEX	\$	VOICE- OPERATOR ASSISTED	\$	<input type="checkbox"/> SAFE T SILVER	
DISCOVER	\$ 25	DIAL COMMUNICATION	\$	VOICE - WITH AVS	\$	<input type="checkbox"/> SAFE T GOLD	\$
AMEX	\$ 25	OTHER:	\$	VOICE - BANK REFERRAL	\$	Per month, taxes and other fees may apply, see company representation and certifications)	

PIN DEBIT			
MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)		AUTH <input type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)	
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$)	___% + \$ ___	AUTH \$	
INTERLINK	___% + \$ ___	AUTH \$	
MAESTRO	___% + \$ ___	AUTH \$	
AFFN	___% + \$ ___	AUTH \$	
ALASKA	___% + \$ ___	AUTH \$	
CU24	___% + \$ ___	AUTH \$	
NETS	___% + \$ ___	AUTH \$	
NYCE	___% + \$ ___	AUTH \$	
PULSE	___% + \$ ___	AUTH \$	
SHAZAM	___% + \$ ___	AUTH \$	
STAR	___% + \$ ___	AUTH \$	

OTHER CARD TYPES EXISTING			
AMEX SE # (10 DIGITS)	PER AUTH: \$ 25	EBT SE # (7 DIGITS)	PER AUTH: \$
OTHER SE #	PER AUTH: \$	OTHER SE #	PER AUTH: \$
		<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ)	
		<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ)	

SH Initials

POINT OF SALE (EQUIPMENT OR SOFTWARE)

A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:
 COMMUNICATION METHOD (IF DEFAULT): DIAL

VAR SERVICE PROVIDER (HOSTED): _____ VAR (DISTRIBUTED): _____ VENDOR: _____ PRODUCT: _____ VERSION: _____

QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE
1	Verifone 680			\$	\$	\$	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SATURDAY DELIVERY NEXT DAY AIR 2ND DAY AIR ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)

ELAVON BILLS ONE TIME FEES

ADDITIONAL POS SERVICES:	DESCRIPTION	SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE
		\$	\$	\$	\$
		\$	\$	\$	\$

TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)

RETAIL (AUTO CLOSE DEFAULT) QUICK CLOSE STORE AND FORWARD NO SIGNATURE CONTACTLESS (+ NO SIGNATURE)

RESTAURANT (QUICK CLOSE DEFAULT) TIP FUNCTION (DEFAULT) FINE DINING TAB FUNCTION

CARD NOT PRESENT (AUTO CLOSE DEFAULT) QUICK CLOSE LODGING (QUICK CLOSE DEFAULT) QUICK STAY

TERMINAL AUTO CLOSE (RTL, MOTO) _____ TIME ZONE _____ CASH BACK PIN DEBIT (RTL): \$ _____ (MAX)

CUSTOM FOOTER: _____

CUSTOM PROMPTS: (CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMES)

NO TIP (REST) NO SERVER PROMPT (REST) CLERK PROMPT (RTL) REMOVE SECURITY PROMPTS (FORM REQUIRED) TIP FUNCTION WAITER (RTL)

TIP FUNCTION CASHIER (RTL)

TRAINING (DEFAULT = NO TRAINING): TRAINING PHONE INFORMATION: ACCESS #: _____ CONTACT NAME: _____ CONTACT PHONE #: _____

REPORT TOOLS

MCP ONLY OR MCP WITH OCM MONTHLY FEE \$ _____ SET UP FEE \$ _____ # USERS _____ SET UP TYPE (CHECK ONE) MID CHN ENT

ACS MONTHLY FEE \$ _____ SET UP FEE \$ _____ REMOTE ID _____

SM initials

SUBSTITUTE FORM W-9

SOLE PROPRIETOR
 C CORPORATION
 S CORPORATION
 PARTNERSHIP
 UNINCORPORATED ASSOCIATION
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)
 GOVERNMENT
 TRUST
 ESTATE
 LIMITED LIABILITY COMPANY - TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION P=PARTNERSHIP); (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME*: Superior CBD LLC

*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

LEGAL BUSINESS ADDRESS (NO PO BOX): 5305 Subelle Ln. OR TIN (EMPLOYER ID #):

CITY: Haltom City STATE: TX ZIP: 76117 OR TIN (SOCIAL SECURITY #):

5 COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. **The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.**

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_ENG.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original.

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction. All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 companies (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any company that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$59.99 until Elavon is provided with validation of PCI DSS compliance. Company may be eligible for Data Breach Financial Assistance Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance details and conditions.

Under penalties of perjury, Company certifies that:

1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.**
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

American Express Acceptance Program (Acceptance Program). If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.

* By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein.
 **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.

SIGNATURE: <u>X Sherri Moody</u>	PRINTED NAME: <u>Sherri Moody</u>	TITLE: <u>Owner</u>	DATE: <u>1/4/19</u>
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

6 PERSONAL GUARANTY

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: <u>X Sherri Moody</u>	PRINTED NAME: <u>Sherri Moody</u>	DATE: <u>1/4/19</u>
SIGNATURE: X	PRINTED NAME:	DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X <u>[Signature]</u>	PRINTED NAME: <u>Daniel Hughes</u>	REP ID #:	DATE:
REP PHONE #: <u>916-548-6658</u>	REP EMAIL: <u>dhughes@accmerchantsolutions.com</u>	ELAVON USA-MSP-ELV-1018	

SM Initials